

Personality Organization and Transference Patterns

Dominick Gamache, Louis Diguier, Olivier Laverdière,
Étienne Hébert, & Sébastien Larochelle

École de psychologie

Université Laval

Abstract

The aim of this study is to evaluate characteristics of object relations activated in the transference in relation to Personality Organization (PO). The 40 participants of this study were patients beginning a psychodynamic therapy. Results show that, in accordance with psychoanalytic theories, transference manifestations of neurotic PO presented higher level of integration, more positive affective valence of the dyad, and a lesser degree of actualization. Transference manifestations of psychotic and borderline PO participants evidenced poorer integration, negative affective valence, and higher levels of actualization in the form of acting outs and somatization. Results also show that specific PO dimensions such as identity, defenses, reality testing, and object relations, are also associated with transference manifestations.

Introduction.

The basic concept underlying the psychodynamic treatment of personality disorders is that the patient's pathology represents an unconscious repetition in the here-and-now of pathogenic internalized relations from the past (Clarkin, Yeomans, & Kernberg, 1999). These internalized object relations represent internal mental representations of the self and of the others, linked together with a specific affect that modulates one's perception of external reality. These internal self-object dyads shape the way an individual perceives the here-and-now.

Thus, transference and countertransference can be understood as the interpersonal externalization, or actualization, of an internal object relationship (Ogden, 1983). Actualization of object relations play a key role in therapy. Indeed, by allowing the analysis to focus on the actual situation and the current relationship, dynamic psychotherapy enables the patient to achieve an affective integration of unconscious material, instead of a simple intellectual understanding.

Kernberg and his colleagues have described a number of ways in which the part-self and part-object dyads may shift in the transference. One dyad may abruptly replace another for defensive purposes; the poles of a dyad may abruptly shift, or oscillate, in the sense that the characteristics of the object may suddenly become those of the self, and vice versa. Another pattern is that the internal representational system may include dyads that are opposites of each other, with one of the opposites being closer to consciousness than the other.

The aim of this study is to evaluate characteristics of object relations activated in the transference according to PPO, BPO, and NPO, as measured by the Personality Organization Diagnostic Form (PODF; Diguier, Normandin, & Hébert, 2001). More specifically, we wish to examine: (a) the intensity of transference and affective manifestations deployed in therapy; and (b) the characteristics of object relations emerging in the patient-therapist relationship.

Method

The 40 participants were patients beginning a psychodynamic psychotherapy at the outpatient clinic of the School of Psychology, Université Laval in Quebec City. According to PODF evaluation, 10 participants have a psychotic PO (either schizotypal, schizoid or paranoid subtype), 19 have a borderline PO (narcissistic, borderline, dependant or histrionic subtypes), and 11 have a neurotic PO (masochistic-depressive, obsessional or hysteric subtype). As for our procedure, therapy sessions were segmented in excerpts of five minutes each. These excerpts were evaluated in terms of the intensity of transference and the intensity of affective manifestations. Two five-point scales, inspired by Luborsky's work (1973), were used. The five-minute excerpts where the intensity of transference and affect were the highest was identified for each participant; then they were extended, five minutes before and 5 minutes after, so the segment to be scored with the ORRS lasted 15 minutes.

The ORRS allows to assess transference manifestations in both the patient and the therapist (counter-transference). The ORRS includes eight scales ranging from one to seven (see Figure 1). It measures: (a) the level of actualization of the dyad in the client; (b) the level of integration, in the client, of positive and negative features in himself and in the therapist; (c) the client's level of awareness regarding the actualized dyad; (d) the level of actualization of the dyad in the therapist; (e) the depth of interpretation proposed by the therapist regarding the actualized dyad; (f) the type of dyad actualized (e.g., is it a dependent, a paranoid, an hysterical dyad ?); (g) the presence of oscillation (or role reversals) in the dyad; and (h) the valence of the dyad (*a complete example of an ORRS grid will be presented*). Two doctorate students, trained within Kernberg's model, with a clinical experience ranging from two to three years, scored the ORRS. The two judges scoring the ORRS agreed first on a description of the dyad that was actualized in the excerpt, then proceeded with the scoring of the remaining ORRS scales.

Personality organization was scored with the PODF (Diguer, Normandin, & Hébert, 2001).

Four independent raters (graduate students in clinical psychology with a clinical experience ranging from one to four years) scored the PODF based on SCID-I and II (First, Spitzer, Gibbon, & Williams, 1997; First, Spitzer, Gibbon, Williams, & Benjamin, 1997), ten RAP relationship narratives (Luborsky, 1998) and the ORI and ASD interviews (Blatt, Bers, & Schaffer, 1993; Blatt, Chevron, Quinlan, Schaffer, & Wein, 1988).

Results and discussion.

Interrater reliability. Intraclass correlations indicate that the ORRS was scored with good reliability, with figures ranging from .58 (Oscillation) to .86 (Depth of interpretation), with a mean ICC of .72 (see Table 1 below). ICC for the PODF Global Personality Organization (PPO, BPO, or NPO) was .88.

Table 1. *Intraclass correlations (ICC) for Object Relationship Rating Scale (ORRS) scales (N = 40)*

<i>ORRS Scales</i>	<i>ICC</i>
Level of actualization - client	.59
Level of integration	.76
Level of self-awareness	.70
Type of dyad	.71
Oscillation	.58
Affective valence	.77
Level of actualization - therapist	.79
Depth of interpretation	.86
Mean	.72

Intensity of transference and affect manifestations. Correlation between transference and affect manifestations was significant when all three PO groups were merged ($r = .22, p = .0001$). When PO groups are examined separately, correlations between transference and affect were significant for NPO ($r = .30, p = .003$) and BPO ($r = .24, p = .02$), but not for PPO ($r = .04, p = .68$). It could be argued that this result on PPO reflects how difficult psychotic transferences can be; for example, a long, detached silence in a schizoid patient may be the manifestation of a highly actualized part-self representation where the self is endangered from engulfment by a devouring object.

Object dyads in therapy sessions and Personality Organizations. Correlations between ORRS scales and PODF dimensions are presented in Table 2. In general, ORRS scales pertaining to patients' transference manifestations correlated with PODF dimensions. The largest correlations with PODF dimensions were found between the Level of integration, the Type of dyad, and the Affective valence scales. No significant correlations were found between PODF dimensions and the two ORRS scales measuring transference features in the therapist.

Table 2. *Correlations between Object Relationship Rating Scale (ORRS) scales and Personality Organization Diagnostic Form (PODF) dimensions*

	<i>Identity</i>	<i>Primitive defenses</i>	<i>Mature defenses</i>	<i>Reality testing</i>	<i>Object relations</i>	<i>Global personality organization</i>
Level of actualization - client	-.42**	.39*	-.45**	.40*	-.35*	-.41*
Level of integration	.65****	-.62****	.61****	-.43**	.55****	.57****
Level of self-awareness	.40*	-.40*	.41*	-.33*	.31	.22
Type of dyad	.57****	-.51**	.51**	-.56****	.74****	.61****

	<i>Identity</i>	<i>Primitive defenses</i>	<i>Mature defenses</i>	<i>Reality testing</i>	<i>Object relations</i>	<i>Global personality organization</i>
Oscillation	.03	.07	.31	-.00	.09	.07
Affective valence	.54***	-.53***	.56***	-.35*	.47**	.44**
Level of actualization - therapist	-.08	.02	-.04	.23	-.31	-.08
Depth of interpretation	-.04	-.03	-.04	-.03	.07	-.16

Note. * $p < .05$. ** $p < .01$. *** $p < .001$. $p < .0001$.

Statistical analyses were then computed to examine whether the PO groups differed in terms of the transference manifestations captured by the ORRS. First, a MANOVA was performed to take into account the multiple correlations between variables ; it shows that, as a whole, the 8 ORRS variables vary in relation to PO ($F = 8.07, p = .0001$). Univariate ANOVAs then showed significant differences for four of the ORRS scales (see Table 3). First, a significant difference was found for the level of actualization of the dyad in the client ($F = 4.38, p = .02$); Tukey test shows that actualization was higher for the PPO and BPO groups than for the NPO group. Actualization in the PPO and BPO groups often took the form of acting outs and somatization, that both hamper the emotional experiencing, remembering, and verbal communication of unconscious conflicts. Acting outs may be quite spectacular and flamboyant, or may take the form of long silence, or of a refusal to speak.

Table 3. *Summary of analyses of variance (ANOVA) for difference between PO groups on Object Relationship Rating Scale (ORRS) scales (N = 40).*

<i>ORRS scales</i>	<i>F</i>	<i>p</i>	<i>R²</i>	<i>Effects</i>
Level of actualization - client	4.38	.02	.19	PPO/BPO > NPO
Level of integration	13.87	.0001	.43	NPO > BPO/PPO
Level of self-awareness	2.34	.11	.11	
Type of dyad	27.27	.0001	.60	NPO > BPO > PPO
Oscillation	.25	.78	.01	
Affective valence	6.72	.003	.27	NPO > BPO/PPO
Level of actualization - therapist	3.24	.05	.15	PPO > BPO
Depth of interpretation	1.93	.16	.09	

A significant difference was also found for the level of integration, in the client, of positive and negative features in himself and in the therapist ($F = 13.87$, $p = .0001$), with the NPO group showing superior integration than both the BPO and the PPO group. This result reflects the predominant usage of primitive defensive operations in BPO and PPO individuals. Defenses such as splitting and denial interfere with their functioning and, in the context of therapy sessions, distort the patient-therapist interaction. The affective valence of the dyad was also significantly superior in the NPO group than in both the BPO and the PPO group ($F = 6.72$, $p = .003$). A negative affective valence in BPO dyads is not surprising. Clarkin and colleagues (1999) have argued that aggression is prominent in antisocial, malignant narcissistic, paranoid, sadomasochistic, and borderline personality disorders; there is also some infusion of aggression in narcissistic personality disorders. They further suggest that in the beginning of therapy, the hate-laden dyads are closer to the surface. Negative valence in PPO patients often takes the form of a phenomenon Bion (1957) described as attacks on linkings, where integrative

abilities are compromised, making elaboration or transformation of thought almost impossible, and thereby limiting individuals to predominantly unintegrated, fragmented thoughts.

Finally, the level of actualization of the dyad in the therapist was significantly superior for the PPO group compared to the BPO group ($F = 3.24, p = .05$). This result, which may seem surprising at first glance, suggests that PPO patients elicit strong countertransference reactions in their therapist. Their odd, peculiar, and strange behaviors, thoughts, and affects may lead their therapist to experience anxiety, hostility, a sense of weakness or hopelessness, a feeling of counterdetachment, etc.

Limits of the present study include the presence of a small sample, which has an adverse effect on power. Also, all the patients were recruited at the same outpatient clinic. Finally, it would be interesting to see if different results would have been obtained if the interviews used were not limited to first therapy sessions.

Conclusion

In sum, results suggest that transference manifestations deployed in early therapy sessions are closely influenced by Personality Organizations. In accordance with psychoanalytic theory (e.g., Clarkin et al., 1999), transference manifestations of NPO were associated with a higher level of integration, a more positive affective valence of the dyad, and a lesser degree of actualization. Transference manifestations of PPO and BPO individuals evidenced poorer integration, negative affective valence, and higher levels of actualization in the form of acting outs and somatization. Results also show that specific PO dimensions such as identity, defenses, reality testing, and object relations, are also associated with transference manifestations. These results, taken all round, support the psychoanalytic assertion that patterns of object relations actualized early in therapy sessions are the reflection of an individual's deep, structural personality characteristics.

Figure 1. *Scoring sheet of the Object Relationship Rating Scale (ORRS)*

Object Relationships Rating System

Diguer, L.

Laboratoire de recherche en personnalité et psychopathologie, Université Laval. © 2001

Subject: _____ Evaluator: _____ Date: _____

Session : _____ Segment : _____

Instructions: Score all items according to the dyads played in the segment.

Patient	Dyad played	Therapist
Level of actualization: 1 – 2 – 3 – 4 – 5 – 6 – 7 (5-6-7 should be used to describe acting out)	Description of the actualized dyad :	Level of actualization 1 – 2 – 3 – 4 – 5 – 6 – 7 (5-6-7 should be only used to describe acting out)
Level of integration 1 – 2 – 3 – 4 – 5 – 6 – 7	Type of dyad:	
Level of self-awareness 1 – 2 – 3 – 4 – 5 – 6 – 7	Does the dyad oscillate? 1 – 2 – 3 – 4 – 5 – 6 – 7 Aggressive Libidinal 1 – 2 – 3 – 4 – 5 – 6 – 7	Depth of interpretation 1 – 2 – 3 – 4 – 5 – 6 – 7
Level of actualization: 1 – 2 – 3 – 4 – 5 – 6 – 7 (5-6-7 should be only used to describe acting out)	Description of the actualized dyad :	Level of actualization 1 – 2 – 3 – 4 – 5 – 6 – 7 (5-6-7 should be only used to describe acting out)
Level of integration 1 – 2 – 3 – 4 – 5 – 6 – 7	Type of dyad:	
Level of self-awareness 1 – 2 – 3 – 4 – 5 – 6 – 7	Does the dyad oscillate? 1 – 2 – 3 – 4 – 5 – 6 – 7 Aggressive Libidinal 1 – 2 – 3 – 4 – 5 – 6 – 7	Depth of interpretation 1 – 2 – 3 – 4 – 5 – 6 – 7

Type of dyads:

3: Neurotic types: 3.1 Hysterical 3.2 Obsessional 3.3 Maso-depressive

2: Borderline types: 2.1 Dependant 2.2 Histrionic 2.3. Sado-Masochist 2.4. Narcissistic 2.5 Borderline 2.6. Malignant or psychopathic

1: Psychotic: 1.1 Paranoid 1.2 Schizoid 1.3: Schizotypal